

# THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. VIII.

JULY, 1867.

NO. 7.

## Original Contributions.

### ARTICLE XXVIII.

#### CONCENTRATED ORGANIC REMEDIES.

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Read before the Clark County Medical Association, April 3d, 1867.

There is no branch of human knowledge so much indebted to chemistry for practical developments as that of medicine. The chemist, with his laboratory, is able to present to the profession the active principles of plants, either combined or separate. It is, certainly, very desirable for the practitioner to possess the active principles of the vegetable kingdom in a concentrated form. It is equally important that we secure these remedies in a durable form, and of uniform strength, containing all the medicinal principles of the plant. By this means, the stomach receives nothing but that which is necessary for the removal of disease. It has been demonstrated, by chemical analysis, that vegetables contain resinoids, neutrals, oils, and alkaloids, and in these elements reside the therapeutic properties. It is the object of this paper to briefly speak of a few of the comparatively new remedies which have been prepared in powdered form, and represented as containing all the medicinal principles of the roots or plants from which they are obtained.

The first to which we will refer, is the

## GELSEMIN.

This a remedy derived from the bark of the root of the common woodbine, or yellow jessamine, and contains three principles, resinoid, neutral, and alkaloid. Its properties are febrifuge, nervine, anti-spasmodic, relaxant, and some claim that it is alterative and ecbotic. If the remedy possesses all of these properties, it may, with every promise of success, be employed in the treatment of all febrile diseases, pneumonia, pleuritis, acute rheumatism, gonorrhoea, chorea, epilepsy, convulsions, in short, all inflammatory and nervous diseases. I cannot, by my limited experience in its use, testify to its value in this wide range of human maladies, but feel sure that it is one of the best arterial sedatives known to the profession. It is a positive and active therapeutic agent, and by isolating the three principles of the plant they are recombined and form a beautiful and durable powder, with a definite and uniform standard of strength. The average dose of gelsemin is one-half grain, but in some cases, owing to constitutional peculiarities, it may require two grains. If it is not given in sufficiently large doses to produce its constitutional effects, it will not fully accomplish the object for which it was administered. It must be given in doses that will cause slight dimness of vision and double-sightedness, but in no case should the remedy be carried to complete prostration of the muscular system. Physicians who have used this remedy extensively state, that even when carried to complete exhaustion, no permanently injurious effects are produced. The beneficial effects of this remedy are often manifested before constitutional symptoms are produced. When the dose is large enough to reduce the pulse to its normal standard it is not prudent to increase; but the remedy ought to be continued for some time, in small doses, after the action of the heart is controlled. I have used this remedial agent in pneumonia, typhoid fever, convulsions in children, produced by excessive febrile excitement, and, in fact, in all cases of fever where the pulse exceeds 100 per minute, and can testify to its value in these diseases. It is, undoubtedly, a valuable remedy, and it is in a convenient form, which is a very important con-

sideration to the country physician, who is not only called upon to prescribe, but to dispense the medicines recommended. It is not a specific, but a positive and powerful agent, consequently not to be trifled with or incautiously used. When given at the proper time and in small doses, it is as harmless as any other potent drug in the materia medica.

#### CAULAPHYLLIN.

This is the blue cohosh, or squaw root. It has two principles, according to the analysis of B. Keith, consisting of a resinoid and neutral. It is claimed by some who use this remedy, that it is a valuable antispasmodic, alterative, tonic, ec-bolic, diaphoretic, diuretic, and vermifuge. The average dose is three grains. It is said that this dose may be repeated every hour or two with perfect safety, and even increased to five or ten grains. This remedy is highly extolled by G. COE, M.D., and others, but we cannot testify to its value. We have used this preparation, prepared by Dr. F. D. HILL, Cincinnati, and feel confident that it is not entitled to the reputation claimed by this school of exclusive remedies. It is only a temporary remedial agent. If this preparation is a fair representative of the medicine, it is not entitled to the favorable consideration of the profession. We are willing to use all therapeutic agents which, by experience and proper test, proves to be valuable. We have used the remedy in combination with others, but do not regard it as even a good auxiliary remedial agent.

#### LUPULIN.

This is derived from the common hop. The part used is the strobiles, or cones, and is said to contain three principles, resin, resinoid, and neutral. Its properties are nervine, febrifuge, hypnotic, diuretic, and tonic. When it is employed, you may, with confidence, expect beneficial results. When given to small children, we have noticed that it frequently promotes diaphoresis and diuresis, and often succeeds in the production of refreshing sleep. It is also a valuable tonic, mild in its operation, and valuable in many forms of indigestion, and especially where there is a tendency to gastritis. It allays and soothes

the irritability of the mucous tissues, and thus aids in the process of digestion. I have used this remedy, and feel confident that it is a valuable auxiliary remedial agent. The lupulin usually found in commerce, is nothing more than the pollen of the flowers. The best preparation contains all the medicinal virtues of the hop, which reside not only in the pollen, but also in the parenchyma.

The dose of *true* lupulin is from two to five grains. We have used it in febrile diseases in children, and if we have a genuine preparation, it will in many cases produce hypnotic and febrifuge effects. It is especially valuable in diseases of children, where we desire an anodyne and cerebral excitement precludes the use of opium and its preparations. It also possesses other advantages as a substitute for opium, by not disturbing the stomach, or producing constipation. We have noticed that when this remedy fails to produce hypnotic or anodyne effects, it proves a valuable diuretic; I have frequently had patients say that it did not make them sleep, but caused a free flow of urine. The celebrity and value of common *hop-beer*, as a tonic, nervine, and diuretic, depends upon the lupulin it contains. The good or bad quality of the beer depends upon the quality and quantity of lupulin used in its preparation.

We have used lupulin with good results in nervous headache, hysteria, chronic cough, and suppression of urine. It is highly recommended as a valuable remedy in spermatorrhœa, but we have not tested its virtues in this disease. It is certainly a good remedy for irritability of the mucous tissues. It is very important to get a genuine article, and not simply the pollen of the flowers.

#### SANTONIN.

This is a remedy obtained from the *artemisia santonica*, or mugwort. It is a peculiar, white, crystalline substance, soluble in ether or alcohol, and almost tasteless. It is a native of Europe, but is now being cultivated in the United States. We also have the brown, or impure santonin, which is derived from the Aleppo wormseed. This is cheaper than the former. The properties of this valuable concentrated remedy are said to be



tonic and narcotic, but its chief value consists in its anthelmintic virtues. I have used it extensively for the last six years, and feel warranted in stating that it is the best remedy known for the destruction of the *acaris lumbricoides*. It is an active and powerful remedial agent, but when properly administered it is not only perfectly safe but reliable.

It may be administered alone, or in combinations with other agents. When children are troubled with worms, the symptoms of any disease with which they are attacked are aggravated by the presence of these intestinal parasites, and we can use the santonin in combination with the appropriate remedies for the disease. Our favorite mode of prescribing this medicine is as follows, for a child say three years old:—

R. Santonin,-----	grs. iij.
Hyd. cum creta,-----	“ vi.
Dover Powd.,-----	“ ij.

Mix,

and make three powders. Give one every three hours, and four hours after last work off with *oil castor* and a few drops turpentine.

This prescription will never fail to expel *lumbricoides* if they are in the intestines. We have frequently administered one or two doses of santonin alone, and often it has been followed by the expulsion of from six to twenty worms, and this result was accomplished without the subsequent use of a cathartic. For several years, we have almost invariably added santonin to the first cathartic powders given to children, in the treatment of any disease with which they have been attacked, and, oftentimes, where the existence of worms is not anticipated, large numbers will be expelled. We can, with perfect confidence, recommend santonin as one of the most convenient and reliable anthelmintics belonging to that list of remedies.

When properly administered, no injurious effects can possibly result from its use. If given in large doses, it will produce some cerebral excitement, but, according to our observations, its specific action is fully obtained without the production of its constitutional effects. We earnestly recommend this remedy to all practitioners who have not yet used it.

## ASCLEPIN.

This is the active principles of the *asclepias tuberosa*, or pleurisy root. The part used is the root, and it contains two principles, resinoid and neutral. Its properties are said to be alterative, antispasmodic, carminative, diaphoretic, diuretic, expectorant, laxative, and tonic. If it possessed all these properties, it might, with every hope of success, be employed in all fevers, pneumonia, pleuritis, rheumatism, colic, colds, and inflammatory diseases, of whatever type.

We have used this remedy in many cases, and feel sure that it is of but little, if any, value. We have never been able to notice any good effects result from the use of the preparation prepared by Dr. HILL. During the last six years, we have given it a fair and impartial trial, but have invariably been disappointed. If the article we used is a fair representative of the remedy, it is not even entitled to a place in the materia medica.

## PHYTOLACCIN.

This is obtained from the root of the *phytolacca decandria*, or common poke root. It has two principles, resinoid and neutral, and its properties are alterative, deobstruent, and diuretic; in large doses, emetic and cathartic. It may, with every prospect of success, be employed in the treatment of rheumatism, glandular, and cutaneous diseases.

We have found it a potent and reliable agent in the treatment of diseases where there is tardiness of action on the part of the secreting, absorbing, exhaling and eliminating vessels.

It is a powerful remedy, and ought to be administered with great care. From one to two grains, three times a day, it proves a good, safe, and efficient resolvent, and manifests its influence in all the glands of the body. In the chronic form of rheumatism, it is a remedy of decided utility. We have used the following combination in cases of chronic rheumatism, with good effects:—

R. Phytolaccin, -----  
 Podophillin, ----- āā ʒj.  
 Gelsemin, ----- grs. x.

Mix, and make twenty powders, and give one every six hours. If this nauseates the stomach or acts too vigorously on the bowels, we diminish the dose of the two first and add  $\frac{1}{2}$  grain morphine to each powder.

We have never thoroughly tested the virtues of this remedy in any other disease, but feel confident that it might with propriety be used in enlargement of the spleen and hepatic torpor. It is highly recommended by some, as a valuable remedy in tuberculosis, gonorrhœa, leucorrhœa, and carcinomatous affections, but in the latter it is used externally.

In using these concentrated remedies, it is vastly important for the physician to procure genuine articles. Some chemists prepare them in such form that the doses above indicated are too large; at the same time, other preparations are not of sufficient strength. It is, therefore, left to the judgement of the practitioner to decide the propriety of quantity and repetition of the article used. It seems to be a fact, fully established, that compound vegetable substances which contain only a small number of elements and atoms are more durable than those more complicated. In proportion to the multitude of the atoms and principles that enter into the composition of organic compounds, we have an increased disposition to undergo transformation and decomposition. This fact is important to those who desire to procure the active medicinal principles of plants. It is hoped that we will soon be presented with the active principles of the following crude remedy:—

POLYTRICHUM JUNIPERUM.

This is the common *hair-cap moss*. It is an evergreen and indigenous plant, and there can be no doubt, with those who test its virtues, that it is a valuable diuretic. It grows on high, dry places, along the margin of woods and exposed places, and seems to prefer a poor, sandy soil.

We have used it with decided benefit in many dropsical cases.

The dose is about two fluid ounces of the effusion every half-hour. It is very highly recommended by some medical men, and we feel confident that it is a better, or at least more active diuretic than uva ursi or buchu leaves. Some physicians assert

that they have, with this remedy, removed from dropsical patients, in twenty-four hours, forty pounds of water.

From what we know, by experience in the use of this agent, we can with confidence recommend it to the profession as a pleasant, safe, and reliable diuretic. It is hoped that, by the aid of chemical laboratories, we will soon be presented with the active principles of this plant in a concentrated form.

Every country practitioner can readily realize the disadvantages of crude medicines. In this land of mud, it is very inconvenient to carry huge pill-bags, pregnant with crude roots and herbs; but this is a small matter, when compared to the inconvenience of patients swallowing pints and quarts of decoctions and infusions, in order to get the proper dose of a remedy.

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#### ARTICLE XXIX.

### ABBREVIATED REPORT ON OBSTETRICS.

By HIRAM NANCE, M.D., Kewanee, Ill.

Read before the M. T. Medical Society, Monmouth, Ill.

In writing a report on the Practice of Midwifery, to be read to any medical association whose meetings last only one day, and whose members come from five populous counties, I would be doing injustice to its members in making it lengthy. Short and sweet should be the motto on such occasions, and this shall characterize this essay.

We are all familiar with the divisions of midwifery, or its more immediate congener, *labor*: into natural, or unnatural, or preternatural, rapid labor, tedious labor, instrumental labor, etc., etc. In writing this report, I may give *my practice and experience* in this branch of our profession, taking a retrospect, or a review, of my own personal past experience.

The practice of midwifery is certainly reduced to a science amongst the more elevated portions of society—pity I could not say the same in regard to all classes. What I mean by this is, that, usually, the more intellectual and intelligent avail

themselves of the services of physicians during the stage of parturition. And amongst this class, we find that the mortality originating from malpositions and puerperal diseases, of various kinds, is much less than among the less intellectual and poor. Does not this prove conclusively that the office of the physician is not a sinecure, or that his valuable services could not be dispensed with with impunity? It is true, that in many, if not in most cases of labor, our services could be dispensed with, and that any ordinary nurse or matronly lady could make gentle pressure over the uterine tumor during the immediate transit of the child from the mother into the world, thus preventing hemorrhage by the immediate contraction of the womb. Almost any nurse ought, also, to be able and wise enough to examine for the umbilical cord, and ascertain if it is around the child's neck, or is being compressed in any way that would endanger the life of the infant; she should also know enough to make the necessary efforts to resuscitate the child in case it is born asphyxiated, such as dashing cold water on it, HALL's *ready method*, performing the act of artificial breathing, etc., etc. These troubles occur in the simplest cases of labor, and if our nurse is destitute of this small amount of obstetrical knowledge, she is not a fit person to occupy the lying-in room without a superior, in the person of a physician, being placed over her, in every case of obstetrics. As I remarked before, this branch of our profession is a science, and none but scientific persons should take the weighty responsibility upon themselves of engaging in its practice. One hour, fifteen minutes, yes, one minute, is sometimes enough to apply our skill and save a valuable life or lives.

The obstetrician should be a wise man; one well and thoroughly informed in his profession. He should know when to act and how to act, in all simple as well as difficult cases. In taking charge of an obstetrical case, the physician should, at a very *early stage* of labor, insist upon a digital examination. This, when accomplished, will not only allay your anxiety, but that of your patient, when you inform her that *all is right*. If the presentation is found to be natural, then you have but little

to do but cheer your patient up, until the last stage of labor; but if you find a malpresentation, then you hold yourself ready to act when the proper time arrives—remain in the room or adjoining one, subject to call at any moment, and make frequent but not officious examinations, to know when the proper time arrives for your learned skill to be employed. Indifference and timidity, connected with ignorance, has caused the death of many a fond wife and loving mother. You are not a fit man to practice obstetrics, if you are not patient yet energetic, and wise enough to know the exact moment when to lend the necessary aid to assist your patient out of a trouble, the most painful and serious that befalls our gentler sex.

By labor, we mean the delivery or the expulsion of the fœtus and its appendages. Labor is the consequence of conception; and the time occupied in utero-gestation is nine calendar months, or from 270 to 274 days. When interrogated by a lady, to know at what time her *accouchement* will take place, I enquire when she had her last menstrual flow, and from this time add one or two days more, and, usually, in nine months from that time she will fall in labor. Some obstetricians count two weeks from the last menses, and then add nine months; but I think our prognosis will be much more likely to be filled if we calculate as I first mentioned.

Labor is divided, with some degree of propriety, into four stages:—The first stage is known by a mucous or sanguineous discharge taking place from the vagina, from one to two or three days before true labor pains commence, also, we find at the same time, wandering pains about the back and loins, sometimes extending down the thigh. The second stage is known by the pains increasing in frequency and efficiency, commencing in the bowels and lumbar region and extending to the region of the womb, the dilatation of the os uteri, the protrusion of the bag of waters in the vagina, and the rupture of the same. When the liquor amnii has escaped without the interference of any external aid, and the presenting part of the child is in or about entering the vagina, the second stage of labor is completed. Then comes the third and important part, or the



delivery of the fœtus, known by the firm contractions of the abdominal muscles and the uterus, the head engages in the pelvic cavity, the occiput generally being situate above the arch of the pubis or the left acetabulum, and the face opposite the sacrum of the mother. The head now, after some severe pains, presents itself at the vulva, powerfully distending the perineum; in a short time the head clears its confined state and is in the world; a minute or two elapses, and one or two severe pains accomplishes the delivery of the child. It now remains to separate the child from the mother, which being done, in ten or fifteen minutes slight pains return. By making the necessary pressure on the uterine tumor and gentle traction on the cord, we have the pleasure of having delivered our patient of the secundines, which include not only the placenta, but the different membranes which envelope the fœtus in utero; this delivery I would class as the fourth stage of labor.

Some obstetricians class the last throes of labor, with the delivery of the placenta, as the fourth stage; but I prefer to call the fourth stage the removal of the appendages, independent of the removal of the fœtus, for the reason that the delivery is not completed until this is over; and we are not justified in leaving the bedside of our patient until this is entirely completed, and we have ascertained, by examination, that the womb is firmly contracted. Immediately after, or just at the time the babe is being born, the hand should be applied over the hypogastric region, to ascertain if the womb is contracted; if it is not, no effort should be made to deliver the placenta, for if we do attempt it, a fatal hemorrhage might ensue.

I was called in consultation, a few years ago, to see a patient, who, the messenger said was dying; when I arrived, I found it too true, it was really the case. I interrogated the attending physician: he said, that morning he was called to see her, found her in labor, (the labor was premature, being about the sixth month,) that she lingered from about 2 or 3 o'clock A.M. until the afternoon of the same day, that the afterbirth did not come away readily, and that he found it necessary to make slight traction on the cord and introduce two or three fingers to re-

move it; that, in doing so, he accomplished it and left the room, and was in a very short time summoned to his patient, to find her very weak, pale, and faint. He immediately ordered carb. ammo., opii, brandy, etc., but finding reaction did not come on, he became alarmed and dispatched a messenger for me. When I arrived, she was really dying; pulse small and thready; countenance sunken and exsanguined; slow and difficult breathing; very uneasy, rolling from side to side; yet the intellect was perfect. On applying my hand over the bowels, I found them as large, if not larger than before the *accouchement*—the story, to my mind, was immediately told, *viz.*:—concealed, or internal, uterine hemorrhage. My advice to you is, never leave a patient until the uterus is firmly contracted.

If you are an obstetrician, you practice for the good of your patient, and your own reputation; you should not leave your patient, even if everything has been favorable, in less time than from 30 to 60 minutes. Had the attending physician in this case remained by the side of his patient, the consequences might have been different. The first symptom of the loss of blood, in nine cases in ten, is a desire for a drink of water; then, paleness, sickness, and fainting. These symptoms should rouse the fears of any physician, whether hemorrhage appears externally or not.

What course of treatment will you adopt if, upon examination, you find there is no hemorrhage externally? If there is no hemorrhage externally, and the symptoms that I have described are existing, your patient is *flowing*. How are you to know this? Apply your hand over the hypogastric region, and you will find that the uterus is not contracting, but that it may be nearly, if not quite, as large as it was before the birth of the child.

If you now, under these urgent symptoms, pursue a *dilly-dally* course of treatment, your patient in a very short time will be in extremity, and you will reflect upon yourself, and feel very much chagrined that your treatment was not more active and directly addressed to her wants. In brief, I would urge that no time is to be lost; administer a portion of ergot, sit

down by your patient, apply one hand over the hypogastric region and make firm pressure, in order to assist the uterus to contract. If, under this treatment, no contraction takes place, introduce the other hand in the uterus and press the knuckles or back part of the hand against the orifices of the bleeding vessels, at the same time keep making pressure on the outside; continue this treatment, and in a short time you will usually find the uterine tumor becoming harder and harder and the coagula coming away, and then the hemorrhage will cease. If this treatment does not succeed, you should also use cold water or water and vinegar injections in the womb, or pour iced water over the hypogastric region. The internal treatment should consist of tinct. opii, ergot, carb. ammo., brandy, etc., according to the best judgement of the practitioner. The treatment that I have described apply to cases where the placenta has been delivered. If the placenta is undelivered and retained, as in irregular or hour-glass contractions, of course it should be removed.

In the summer of 1866, a man, residing six miles west, came to consult me in regard to his wife. He called upon me about 8½ o'clock A.M. He said, about 5 o'clock that morning, his wife had been confined and delivered of a nice pair of twins, but the afterbirth did not come away; he wanted me to give him something to bring it away. He said a midwife was with her, and he thought that the case was not urgent, and she thought I could send something that would bring it away. I frankly told my friend of *Erin* that I was fearful the case was a serious one, and that I had better go out immediately; by so doing, I might save his wife much suffering, and, probably, her life. He *squirmed* and hesitated, and finally said, "they" told him to get some medicine. I informed him that I could send some medicine if he desired it, but that I was of the opinion that medicine would be of no avail, but that she would require the assistance of some physician to remove the placenta, if it had been retained four or five hours. After stating these things to him, the poor man was *penurious* and simple enough to leave me and go home without either taking medicine or

engaging my services, and letting his wife lie in torment until about 2 o'clock P.M. of the same day. About this hour, a messenger came, in a great hurry, for me to go immediately and see Mrs. L., as they feared she would not live. When I arrived, I found the old midwife there. She was wise enough not to do any harm, but sat by the patient, consoling her that "all would soon be right, as the doctor had come."

On examining the patient, I found her with a flushed face, full and rapid pulse, and a tendency to delirium; on applying the hand over the bowels, I found the uterine tumor hard and irregular; both umbilical cords were hanging out of the vagina, and, on digital examination, I could not find the placenta; I diagnosed irregular or hour-glass contraction of the womb, and the placenta in the upper chamber. I arranged the patient in a suitable position for operation for removal, administered chloroform, introduced my hand, found things as I had anticipated, grasped hold of the placenta, and, with the other hand applied externally over the placenta, gradually brought it away. It proved to be a large double placenta, firmly attached to each other. It being delivered, I administered an opiate to my patient. When about leaving, I told them I would call the next day and see her, as I feared she would not get along well. He replied that, if any trouble occurred he would let me know; then grudgingly paid me my fee, after asking me to reduce it. Let me advise you, in like cases, to charge well for your services, and they will be better appreciated than when a mere nominal sum is demanded.

During the last six years and nine months that I have resided in Kewanee, only two cases of arm presentation have come under my immediate notice, and both of them were first under the care of midwives, secondly, under the care of other physicians, and, lastly, under my own care. The first case was a lady, about 40 years of age, with her sixth child. She was taken ill in the night and the midwife sent for, who encouraged her that she would soon get through. She continued giving this encouragement until about 3 o'clock of the next day, when, the lady not getting any better, the parties became restless and

uneasy, and, having lost confidence in the midwife, proposed sending for me, and did so, but I was not at home. A homœopathist was then obtained; he went, and found the arm in the vagina, with the hand out, the patient having very hard pains, forcing the arm out as far as the pelvis would permit. He manipulated with it in this condition for several hours. It seems that he had no correct idea how to deliver the poor woman; I think he must have pulled on the arm, hoping to pull it out in that way. After exhausting his *strength* and skill, all parties, and himself in particular, became satisfied that labor could not be accomplished without more skill than he possessed. He (the homœopathist) advised them to go for me as soon as possible, and tell me to bring my instruments. I obeyed the summons, not as a consulting physician, but because I had first been sent for. When I arrived, I asked the "doctor" what the difficulty was. He said, an "arm presentation." I then said to him, "what do you want with instruments?" "Oh!" said he, "to amputate the arm." I mildly told him he had no authority for such interference, and explained, in brief, that turning was the only treatment in such cases, where the pelvis was ordinarily capacious.

I then examined, and found the mother almost exhausted; constant pain; pulse 120; tenderness over the uterine region; and other symptoms of inflammation. On examination of the fœtus, I found the arm out, and it perfectly black. I administered chloroform, and turned and delivered her in fifteen or twenty minutes. The poor woman seemed to rally some after it was through, but the pulse still remained quick and the bowels tender. The mischief had been done; the long-continued pressure of the child in the pelvis and the arm in the vagina had set up an inflammation which spread to the peritoneum, and in six or seven days she died with puerperal fever, or metritis, connected with peritonitis. Had I been called at a proper time, I have no doubt but that I could have saved the life of this poor woman. It is humiliating to think that people will persist in employing such men, who do not understand even the first principles of midwifery, and thus sacrifice many valuable lives.

The second case of arm presentation was that of an Irish-woman, aged 33, with her fifth child. She was taken sick in the night and sent for an Irish midwife, who came and continued with her until 3 o'clock P.M. of the next day. She then concluded that the woman could not get through without the aid of a physician. Dr. SCOTT, of this place, was called and found the arm entirely out and the patient in great pain, almost continually. As the pains were so severe and almost without remission, he saw it was useless to attempt turning without the assistance of some other physician, and he requested that I be sent for, which was readily agreed to. The doctor administered chloroform, and I proceeded to turn, which I did with but little trouble in ten or fifteen minutes time. The child was dead; the mother got along without an untoward symptom.

I have not been fortunate enough in my practice to meet with an arm presentation at the proper time to turn, but have always found them in the situation of the two cases just related, *viz.*:—the arm forced down and the axilla resting on the brim of the pelvis; the waters all discharged; and the woman in almost continued pain. Could I select the proper time to turn, in arm presentations, I would wait until the os uteri was sufficiently dilated, then introduce the hand corresponding with the position of the feet in utero, rupture the membranes, grasp the feet, or, if I could not reach both, bring down one, and deliver as I would an ordinary footling case.

Feet and breech presentations occur so often, that it is hardly required that I should call the attention of the Society to them. They occur about every thirtieth labor. I have the satisfaction of stating to you that I never lost an infant in my practice that presented either head or breech. Some authors state that the mortality in these cases will average one-third of them. I manage them by letting them alone until the feet and breech are born, then ascertain if the cord is being compressed, if the pulsation is weak and feeble, I bring down a coil of it to prevent compression, then make traction on the infant by folding a towel around it and using gentle force; if the face is not coming down opposite the sacrum and perineum, I turn the



child so it will, then, as soon as I can, I introduce my finger in the mouth and bring it into the world as soon as consistently practicable. I failed to mention that the arms should be brought down over the face, and in doing this great care should be used or we may fracture the humerus. An accident of this kind once occurred to me. RAMSBOTHAM quotes several cases of this kind, and cautions us in regard to it, but, notwithstanding his caution, it occurred to me. I immediately dressed the little arm, and in ten days it was as well as ever.

Great excitement was caused in our village, a year or two ago, by a physician having care of a lady, who was so unfortunate as to have a footling case. It was stated that he let it hang by the neck, undelivered, half an hour, and in this position had to have counsel to help him out of the difficulty. Difficulties may occur with any of us; but is an obstetrician justified in such a case not to do better than this, where the lady is well formed and the child of ordinary size?

I reiterate that no man nor woman should engage in the practice of midwifery until he or she has just and clear views of the process of parturition, and is freely prepared to act in all cases, either simple or complicated. And I believe it to be our bounden duty to expose all men or women who are not competent to take charge of such cases. If we attempt to practice a profession and are not well informed in it, we are responsible to our fellow-men and to our God—and shall we by our taciturnity become the accomplices, aiders, and abettors of their ignorance?

I have seen but few cases of face presentation in my own practice, or in the practice of others. Eight or ten years ago, I met with a case, in consultation with Dr. CLARK, of Galva. Our only treatment was *nature* and *time*, and the woman got along well, and, so far as I remember, had a living child.

On the 29th Sept., last, I was sent for to see Mrs. B., residing four miles from this place. I arrived about 9 o'clock A.M. She had been sick since 12 or 1 o'clock. On examination, I diagnosed face presentation, with the forehead presenting at the symphysis pubis, and the chin at the sacrum. The os was fully

open, but no advancement was made, yet the woman had frequent and severe pains. It was the seventh labor, and she had always, but once, been confined and delivered without the assistance of a physician, and this time she had attempted the same, but the woman in attendance readily yielded the case when she came to the conclusion that the presentation was *preternatural*. The uterus was so firmly contracted I could not make any change in its situation, and, therefore, was obliged to apply the forceps, which I did with great difficulty, but finally succeeded, and delivered her of a very large dead child. Had the child been reversed, with the forehead resting on the perineum and the chin at the pubis, I think it could have been born without instrumental interference, but as it was, it was an impossibility.

Face presentations, as a general rule, should be left to nature, they only require, in the language of Dr. GOOCH, "more time, more labor pains, and more patience than a natural presentation."

By transverse or cross births, we mean when any other part presents except the head, feet, or breech. A peculiar presentation occurred to me during the month of April, of which I herewith hand you an ambrotype, taken from a plate in RAMSBOTAAM'S Process of Parturition, (plate No. 127.) The process of ambrotyping or photographing, as you all know, reverses the order of the picture, and instead of finding the vertex in the cavity of the left ilium it was in the right; instead of the foot being down in the vagina, as here represented, the toes, up to the instep, had fixed themselves over the arch of the pubis, while the heel alone presented in the vagina; while, at the same time, the vertex occupied the iliac fossa. The hand was presenting as you here see, and the umbilical cord likewise; but I did not give them time to protrude out of the pelvis. I was called to attend the case at 8 o'clock A.M. She had been taken in labor about 12 o'clock in the morning, the first symptom being a gush of the liquor amnii, and this continued dribbling away until some time after my arrival. Cross births are usually characterized by irregular and defective pains, and in

this case it was so. When first called, the uterus was but little open, and it was all I could do to reach the presenting part. I diagnosed presentation of the elbow. I remained with her several hours, pains very light indeed, and everything given to her to increase the pains and cause the opening of the os uteri sickened her so much that I ceased giving anything, and waited the natural dilatation, holding myself in readiness to act when the proper time arrived. About 5 P.M., the pains grew a little harder and the os was sufficiently open to introduce two or three fingers; then, I could prosecute my discoveries farther, and found it as first described. I found the umbilical cord was pulseless and, of course, the infant dead. I tried to reach the foot that did not present, but found it impossible. I then released the foot from its engagement over the arch of the symphysis pubis, and, by making intermittent tractions with the hand hold of the foot, succeeded in making the head sweep around from the right ilium, then to the fundus, and down the sacrum, by turning the face in that position after I got hold of the second foot, and had delivered it as far as the umbilicus.

*Transverse presentations* do not seem to be any more frequent among the poor than among those more pleasantly situated in life, and in affluent circumstances, though the contrary view has been advocated by some obstetricians. I know of no symptoms that would lead us to suspect a transverse presentation before the commencement of labor, after this commences, then, upon examination, if we find the part protruding, like a small oval tumor in the shape of the fingers of a glove, we may suspect something wrong. Another prominent symptom is a cessation, or nearly so, of pains, after the discharge of the liquor amnii. Digital examination alone is the only symptom that positively tells us that we are having a preternatural presentation to contend with. Now, should we be ignorant or incompetent, not knowing what to do, one of three things must happen: either the womb, by its continued action, would become ruptured; or the woman would very soon sink from exhaustion; or, lastly, the child, if small and the pelvis of the woman sufficiently large, might be forced down in a doubled state, and the

violence usually done in such a case would usually result in the death of the mother.

No one, probably, condemns *meddlesome midwifery* more than I do; yet without the proper knowledge to know how to act and when to act, in this branch of our science, is criminal, and he who sticks his shingle up, advertising himself as a physician, should not only be an M.D. from some reputable school, but should possess good *common sense*, with a good tact for practicing this branch of our profession, for such troubles may present themselves to us at any time.

I will notice, very briefly, a case or two of placenta prævia. Eight or ten years ago, a man consulted me in regard to his wife. Five or six months had elapsed since her conception, and she was occasionally having spells of flowing. I told him my opinion was that the placenta was presenting, and the flowing would continue off and on until her confinement, and I impressed upon him the importance of having a physician in attendance at the first symptom she had of labor; but instead of complying with my instructions on this point, when the labor commenced they sent for her mother-in-law, who was an ignorant *virago* midwife. She officiated until she was entirely satisfied that she could accomplish nothing, and the woman would die from hemorrhage if undelivered. I was sent for in great haste, found the placenta presenting, and the umbilical cord prolapsed and out of the vagina ten or twelve inches. The child's belly was presenting, the head in the right and the feet in the left hypogastric region. She was flowing quite profusely, and, as the placenta was nearly detached, I immediately delivered it. I then immediately introduced my hand, grasped the feet, and delivered her in ten minutes time. The hemorrhage was profuse, though not sufficiently so to do any serious harm to the system, and she made a happy recovery. The child, of course, was dead, as I found the cord pulseless when I first entered the room.

Another case of placenta prævia came under my care in January, 1866. I was also consulted in this case, three or four months previous to her *accouchement*, in consequence of hemor-

rhage occurring from time to time. I diagnosed the case correctly, and told them frankly what they might expect, and enjoined them carefully to send for a physician at the first symptom of labor. They complied with my instructions, and I was sent for in good time. Every pain brought a gush of blood. I waited until the os uteri was dilated the size of a dollar. The parts were soft and quite dilatable; the placenta was immediately over the os. I administered chloroform, then partly ruptured the placenta and partly pushed it aside, introduced my hand in the womb, grasped the feet, and delivered my patient in fifteen or twenty minutes time of a dead infant. Not an unfavorable symptom presented after her *accouchement*, and on the first day of this month I delivered her of a fine, healthy boy, which came all right.

It is a very easy matter to turn and deliver, if we can select the right time and the right patient; but we rarely have this choice. As one author states, it is as easy to turn a child in utero, as it is a fish in a pail of water; but, in order to do it, we must be master of our business, and have the right time and the right kind of a pelvis. Select the time, if possible, before there is serious hemorrhage; do not wait too long for dilatation of the os, for if you do, your patient will sink from the loss of blood. If we can operate before the membranes are ruptured, we will find very little difficulty; the arm will prevent the liquor amnii from passing off, and the hand in the womb will find the infant floating in the water, which can be turned with ease and facility.

It is very rare, indeed, that both mother and child are saved in cases of placenta prævia; I have never had the good fortune to save both, neither have I ever had the misfortune to lose the mother, an occurrence which frequently happens to those poorly skilled in obstetrics, and occasionally to those who claim to be adepts in our profession.

Abortions occur so often, and are so frequently perplexing to the physician, that I would not do justice, even in this short report, were I not to treat of them in brief. The division of abortion, as divided by authors, into two stages, calling it abor-

tion if it occurs before the sixth month, and premature labor if after that time, is, in my opinion, superfluous, and should be disregarded.

By criminal abortion, I mean where any drastic medicine is given to produce it, or where any instrument is introduced in os tincæ, breaking down the membranes, and soon bringing on abortion or premature labor. This is certainly a crime of great magnitude, when not produced to save the life of a woman. We are not authorized to operate on any case, without it is known that the woman has a deformed or contracted pelvis, and cannot be delivered without the assistance of instruments, and the child delivered dead. Every woman aborting, either naturally or from instrumental aid, runs a heavy risk of losing her life; and yet, physicians, knowing this great danger, will, for a few *paltry dollars*, yield to the solicitations of the gentler sex, or be urged on by the seducer, to perform this unnatural and infernal crime; a crime not second to the greatest in the catalogue of medical jurisprudence, but equal with murder in its first degree. In a word, we, as members of a great and good profession, should openly proclaim to the public that we denounce this great evil, and plainly let those persons know, who seek our aid in such cases, that neither money, love, high and aristocratic standing in society, or anything else can bribe us to commit this crime.

It matters but little, whether a woman aborts from natural or unnatural causes, the danger is about equally great, without the abortionist has given some severe drastic emenagogue or cathartic, thereby setting up inflammatory action in the womb and bowels, producing metro-peritonitis; or has used some sharp, penetrating instrument, and done violence to the os uteri, thence extending into the womb, and setting up the same active symptoms. A physician who is a gentleman, a moralist, or a Christian, will not permit such a stain to tarnish his character, whether known to the public, or alone to himself and his victim.

Our treatment of abortion, in ordinary cases, is well known to you all. If there is little or no flowing, keep your patient



quietly in bed, and administer a mild opiate; when the pains have ceased, give some mild laxative, such as ol. ricini, sul. mag., or citrate of mag. But if we are not so successful as to check the premature action of the womb, then it is our services may become urgently demanded; we may have to use all our skill to check inordinate flowing, subue inflammatory action, etc. The lives of all women are very much jeopardized in cases of abortions; oftentimes the placenta is left undelivered for days, and sometimes for weeks, causing spells of hemorrhage, reducing the system from day to day, until anæmia and death is the result. One case, in particular, I will call your attention to. It occurred in my practice in the fall of 1865. The lady aborted six weeks before the placenta was removed. No physician was with her at the time and she thought the afterbirth came at the same time the foetus did, but time proved the contrary. Hemorrhage continued from time to time, until it was delivered. I removed it with a pair of placenta forceps. My patient was perfectly anæmic, with a pulse of 140 to 150, and nearly unconscious at the the time I operated; but when I removed it, the bleeding ceased, and, under large doses of carb. ammo., quinine, and brandy, she rallied, and is now in good health.

I was sent for to see a patient in Stark County, in the winter of 1863, who was, or rather had been, under the care of an eclectic physician. Her husband informed me that she had miscarried, and he said the doctor told him the "afterbirth had come away all right." When I saw her, she seemed weak, pale, and excited, and had a pulse of 140; bowels tender and a little tympanitic. I made a digital examination, and found the placenta undelivered. I rendered the necessary aid, and soon my patient was convalescing. *What do you think of a physician who tells his patient she is delivered, and leaves her in this situation to die?*

One or two more cases of abortion, and I am through. A few years ago, I was sent for, in consultation, to see a case in Knox County. When I examined my patient, the attending physician told me that she had aborted at two months. On

applying my hand over the pubic and hypogastric regions, I found the uterine tumor as large as after an ordinary labor. Why this unusual enlargement after an abortion? In due time the womb assumed its natural size and the woman promptly recovered.

Another very similar case I recently saw with Dr. SMILEY, of this place. A very near friend of his was taken with menorrhagia, which continued quite profuse from time to time, until the woman became anæmic and very prostrate. This condition lasted some two or three weeks. She was wakeful and irritable, and the doctor very properly became alarmed at her situation and requested me to call and see her. I did so, and on applying my hand to the bowels I found the uterine tumor filling the left hypogastric region full. The doctor thought she had not aborted at all, but considered it an unusual case of menorrhagia. If she had aborted, it could not have been more than from four to six weeks, as she had missed her menstrual flow but once. My first thought was that she had an ovarian tumor, and I interrogated the doctor closely in regard to its duration; he told me it could not possibly have existed more than two weeks. I then made a digital examination, placed my finger at the os tincæ as a guide, and introduced a bougie, fully four inches. In a day or two, she passed some membranous flakes, proving that she had aborted, as these were the membranes from around the fœtus. Strict quietude, recumbent position, warm fomentations, detergent washes, mild opiates, and tonics, were the means used for her restoration, and she is now able to sit up some, and the uterine tumor is rapidly diminishing. I consider these two cases as anomalous, and worthy a place in any report.

I would do injustice to myself and this Society, were I not to touch upon *puerperal peritonitis*, especially if I am able to report anything favorable in its treatment. Puerperal fever, or more properly styled *puerperal peritonitis*, is the great terror of the lying-in room. It is the disease at all times to be dreaded after ordinary, tedious, or instrumental labors. No physician performs his duty, in the lying-in chamber, after the

labor is over, until he gives the patient and nurse strict and explicit orders in regard to her care, diet, etc. A little carelessness in diet, or the admission of drafts of cold air, or premature sitting up after delivery, may, at any time, develop this disease; especially will it do so when the malady is prevailing as an epidemic.

The disease, or rather its treatment, has become the opprobrium of medicine, and that, too, very properly. And why? Because, I think I can safely say, that nineteen patients out of every twenty, affected with *genuine* puerperal peritonitis, die in from two or three days to a fortnight after the attack. The old treatment of ARMSTRONG, so highly insisted on by him, *viz.*: free and repeated venesection, does not succeed in my hands, and I think any of you who have had patients with this disease, and have tried the heroic plan of ARMSTRONG, have come to the same conclusion that I have. This disease is so very fatal, that I think but very few patients recover under any treatment. I am of opinion that many cases reported as cured, especially in hospitals, are not genuine puerperal peritonitis, but merely metritis, connected with a high grade of fever. When this disease is once well developed, as known by a pulse running up from 120 to 160; frequent vomitings of a greenish fluid; retention of urine; extreme tenderness over the uterus, extending over the bowels; swelled and tympanitic state of the abdomen; lochia and milk checked or entirely suppressed, then it is we know a case of puerperal peritonitis. In its treatment, I would place calomel and the other mercurials along with blood-letting, *viz.*:—lay them aside for the treatment of some other diseases, for they are certainly not demanded in this disease.

I have the pleasure and gratification to communicate to you my treatment in two cases of well-marked puerperal peritonitis, during the present winter, both of whom recovered—one after a miscarriage of six months, the placenta being retained; and the other a natural primipara. Both cases had all the urgent symptoms I have mentioned, and my prognosis was, of course, unfavorable. My treatment was simple and, consequently, can

be briefly stated:—It consisted in giving full portions of *sul. morphine* every three hours, to quiet the system and also the pain, and *Norwood's tinct. ver. viride* in drops, four to seven every three hours, to quiet the excessive action of the heart; thus alternating the two remedies every hour and a-half. When the stomach was much disturbed, I gave *aqua cinnamomum* or the essence of cinnamon in water. To quench the thirst, gave ice in small pellicles, orange, and lemonade, etc. In the active stage, I moved the bowels every three or four days by enema; I disapprove of drastics any time in the disease; and would only give *ol. ricini* and *ol. terebinth.* in the declining stage, and then when only imperatively demanded. Warm fomentations of hops should be constantly applied during the more active stage, to be succeeded in the stage of decline by a large epispastic, covering the whole abdomen. As soon as the stomach would retain nourishment, I gave milk, wine-whey, wine, etc., and at a still later period, I gave sugar-coated quinine pills as a tonic, every three or four hours. In the *main*, the above is my treatment, with very little variation, condensed in as few words as I am able to.

All of which is respectfully submitted.

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#### ARTICLE XXX.

#### CASE OF HEMORRHAGE AND ABORTION.

By D. B. TRIMBLE, M.D., Chicago.

I was called, on the night of March 18th, to attend a lady on the West Side, and found her suffering from acute spasmodic action of the womb, accompanied by severe uterine hemorrhage. I was informed that she had had a convulsion, but this had passed away before my arrival. On the evening of the 13th, while sitting with her feet elevated on a stool or chair, writing, she had a sudden gush of blood from the uterus, unaccompanied by pain. The hemorrhage continued at intervals, and the pains

increased, but, her husband being absent from the city, I was not sent for until the night above mentioned. In reply to the question whether her catamenia had been regular, I was assured that they had been. The discharge was very profuse, and her suffering, though abated, was severe. Her pulse, however, was not much depressed. Prescribed the mineral acids, and a solution of morphine, and locally, a strong and cold solution of Alum; the recumbent position, and perfect rest

On the 19th, considerably relieved; hemorrhage lessened.

21st. So much better that I thought it unnecessary to see her again, and recommending a continuance of the recumbent posture, and, to some extent, the medicines, for a few days, I left her.

On Saturday, the 23d, she took a walk, which brought on a return of the hemorrhage, and on Monday, 25th, I was again sent for, and found her suffering very acutely, and flooding severely.

From her husband, who was now at home, I obtained a history of the case. In December last, she had passed her regular menstrual period by about ten days, when she became anxious about her condition, and wished the catamenia restored. She had had one child, and, by her own account, after a very difficult and dangerous labor, and therefore wished to avoid a recurrence of the same trouble. Her husband proposed sending for me, but she objected, on the ground that I would probably not do for her what she desired (and this supposition was correct). She therefore sent for a neighboring homœopath, who gave her a preparation of savin, which, in the course of a week, brought on severe hemorrhage and suffering, and she supposed she was relieved of her burthen. Every three weeks, subsequently, until I saw her, she had a return of the menstua in great and increasing abundance, and with increased suffering. This fact was a further confirmation of her views, that she was not pregnant, and this circumstance made me, also, incline to the same opinion; but, from the continued firmness of her pulse, the liquid character of the discharge and its abundance, and the severity of her pains, I was inclined to the opinion that,

if not caused by pregnancy, there was probably a polypoid or other tumor in the womb. I therefore requested permission to make a tactile examination; but there was no evidence of any tumor; the os uteri was in a normal condition, closed, and not tender. This theory was, therefore, not confirmed, though not certainly disproved.

On the 26th, under the above-mentioned and other remedies, she again appeared much relieved, and I did not see her again until the 28th, when she was still apparently improving.

On the 29th, though the hemorrhage still continued to some extent, she was comfortable; but on the night of the 29th, I was again called, when I found her deluged with blood; suffering much; paler, but still with a pulse of much force. The heart's action, however, began to be affected, and, at times, there was considerable intermission in its pulsations. I now resorted to the tampon, saturated with alum water, which appeared to control the hemorrhage for that night and the next day.

On the 30th, found her comfortable, cheerful, and without hemorrhage. In the course of this week, had given her a combination of alum and nutmeg (a favorite remedy of Dr. CHAS. D. MEIGS), fld. ext. ergot, etc.

On the 31st, comparatively comfortable; but some return of hemorrhage. Removed the tampon, and introduced a very soft sponge, saturated with a solution of tannic acid. Hemorrhage continued, however, but the blood was now clotted. Upon re-examination, found the os more tumefied and tender, and the uterus itself enlarged and lower; and placing my hand over the pubic region, found the uterus considerably enlarged and firm. My diagnosis was still uncertain. Was the enlargement of the womb owing to pregnancy, to a tumor, or to coagulated blood accumulating in the womb, and retained by its rigid mouth? In my difficulty, I laid the case before an experienced medical friend, who thought, with me, that it was very improbable she was pregnant, and suggested that, from the increasing tenderness and enlargement, it might be sub-acute hysteritis.

*April 1st and 2d.* Quiet; hemorrhage and pain sometimes nearly ceasing, then returning, but not so freely.



3d. Took with me a strong sol. of ext. atrop. belladon., with the intention of applying it to the rigid os tincæ, so as to produce dilation; and when this was effected, it would probably enable me to determine the cause, whether from coagula, a tumor, or a fœtus; and, if proper, I would then administer the ergot until the uterine contractions were sufficient to expel its contents. I called at 11 o'clock A.M., and found her so comfortable, and enjoying the company of a lady friend, that I delayed its application until my next visit. At 2 o'clock P.M., however, I was sent for in great haste, with the assertion that she was flooding to death. I found her in great pain, though intermitting; on examination per vagina, that there was but little hemorrhage, and that the os was slightly dilated. Saturated the sponge with sol. belladon. and reapplied it. Seeing the great anxiety of the husband, and, in fact, being anxious myself, I requested that Dr. JONES (of Peoria Street), who lived near by, should be sent for. By the time he had arrived, the os had become sufficiently dilated to admit the insertion of a finger, and, after a careful examination, Dr. Jones believed there was a fœtus; and, after again examining her, I no longer felt any doubt. The doctor concurred in my proposal to use the belladonna and ergot, and left me. This was about 3½ o'clock P.M. I at once administered fʒss. of the ergot, and reapplied the belladonna. Every half-hour, I administered the former, until she had taken fʒ 4 or 5. The pains became more regular and urgent; but still the os relaxed very slowly. It was a breech presentation, and after frequent and prolonged efforts, the body and limbs were born, but the head remained, and the pains ceased. After waiting ten or fifteen minutes, I made an effort to renew the contractions and bring away the head, but owing to the rigid condition of the os uteri, (which contracted around the neck,) I could introduce but one finger. I made gentle traction by the body, but very carefully, fearing a separation of the head. After a time, what I feared, actually occurred, and introducing my finger, found the head had receded so that I could not reach it. I now introduced a pair of small abortion forceps, and though I could touch the head,

could not grasp it. I then grasped the placenta, and, finding that it did not adhere, removed it entire. After again making efforts to get the head between the blades of the forceps, without success, I gradually dilated the os uteri until I could get two fingers into it, and passing them up until I reached the head, bent them over it, and brought it away. The patient recuperated more rapidly than I expected, and is now well.

When we take into consideration the apparently successful effort to produce abortion in December; and the regular, though frequent and profuse return of the menstrua, up to March 13th; and the absence of the general signs of pregnancy (which had been apparent in her first); I think I am excusable in failing in my diagnosis. I have occasionally known persons to have a slight monthly discharge during pregnancy, sometimes to the period of parturition, but never before, so great a discharge, without destroying and dislodging the foetus.

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ARTICLE XXXI.

VALEDICTORY ADDRESS.

By R. E. McVEY, M.D., President of the Morgan County Medical Society.

Delivered at the Anniversary Meeting, May 9th, 1867.

GENTLEMEN:—One year ago a few of us met in the court house in this place for the purpose of organizing a medical society, that the physicians of Morgan County might become workers in that great medical organization of our country which extends from the shores of the Atlantic to the Pacific, and from the great lakes to the Gulf of Mexico.

What is the object of this vast organization, with its thousands of auxiliaries? It is a philanthropic one, to minister to mankind in affliction, and that we may the better be enabled to do this, to collate and disseminate such information as each may acquire in his practice throughout the profession—to open new leads in the mines of science and extract unrevealed

virtues from the ores already dug.

In this organization the man of limited attainments is permitted to share the ripe fruit gathered by the scientific research and experience of those of eminent culture, and I am proud to know that in this association we can point to some bright, particular stars, whose lights wane not by the side of any in the medical firmament. Great, good, and learned men, whose influence is not confined by professional boundaries, but permeates society at large; and I hope it will not be regarded as an invidious allusion if I here mention the name of our own David, who has wrestled so successfully with the Goliaths of deformities.

It is by the contact of mind with mind that our intellects are burnished, and the privilege we here enjoy of discussing the various medical questions of the day, may be instrumental in developing new theories, in enlarging the area of thought, and fit us to grapple with error in its many forms; and from the garnerers of the medical harvest aid us in separating the chaff from the wheat, that we may accept only that which is good, rejecting all that is bad. Here every man comes bringing his sheaves—some full of the brambles of dogmatism, others bristling with the thistles of crude and ill-digested theories, but still more heavy only with the golden grain of ripe experience. It is from these organizations that the materials are gathered for our medical journals. They are the carriers of our thoughts to the people, and should be found in the hands of every respectable practitioner of medicine. The influence of our associations would be circumscribed indeed, were it not for those brethren of that profession, who hold in their hands the lightnings of the press, that mighty engine of civilization without which science to-day would still wear the monk's garb of the dark ages, and be as powerless for good as Prometheus bound.

Until the ingenious inventor of types opened the highway of thought throughout the world—mind chafed as a fretted prisoner within cloister walls, and was manacled with the rusty chains of uncertain traditions—but now mounted upon a chariot

as glorious as that of Ezekiel's vision, with the lightning as a servant and out-rider, it is moving grandly to the accomplishment of man's high destiny. To our profession and through us to the whole human family, this man of the press has come with healing in his wings, and it is but fitting that on all proper occasions we should acknowledge the obligation.

Gentlemen, our profession has not yet reached the zenith of its glory. That is a goal situated on the outer boundaries of that promontory where human reason exhausted, shall lie down to slake its thirst in springs which have their source in another world than ours. But day by day, the great work advances, and by the patient toil and combined efforts of the profession, we may, at least approximate that perfection which it is not given humanity to attain.

To the studious and energetic, inquiry will continue to yield her trophies until the science of life shall be reduced to simple laws. But the labor before us is well calculated to discourage the most hopeful and enthusiastic practitioner of medicine.

We have not only the natural weaknesses and tendency of the body to decay to combat, for these we might provide with an accuracy and success almost equal to that with which the builder props and strengthens the crumbling edifice—but we have to contend with flames of consuming appetites, undermining habits of luxury, and the thousand and one forms of vice with which the human frame is ever being assailed, and which have their origin in moral infirmities, which it is not our province to correct.

Only at the millenium will the complications of our profession be resolved into plain reasoning from purely natural causes to their effects.

But if our work is endless, our record is nevertheless sure, and by every dictate of human sympathy we are impelled to increased exertion in behalf our fellow-man.

Let us neglect, then, none of the means within our reach for the advancement of the profession which we have so nearly at heart, and the honor and fame of which we have voluntarily taken upon ourselves to sustain.

Our responsibility is very great, and I should regard that physician recreant, indeed to the important trust, who should fail to contribute to the maintenance, usefulness and interests of these county associations.

We are all satisfied that the short life of our society has been productive of much good, yet how much more prolific of beneficent results may it be made in the future. Will each member here to-day, commemorating its first anniversary, pledge himself to aid in extending its influence, that our next annual meeting may exhibit signs of prosperity even more marked than at present.

In recalling the meetings of the past, I remember with pleasure the spirit of harmony which ever prevailed, and doubt not the discussions have been quite as profitable to all as to myself; and I here take occasion to express my sense of gratitude to all who have participated in those meetings as essayists and speakers for suggestions which will not soon be forgotten.

In vacating the chair I feel that I am making room for a more able occupant, one who will guide your deliberations with a more skillful hand. I have endeavored to discharge my duties faithfully, but I now feel that my experience in parliamentary rules but illy fitted me for the position. Your kindness in elevating me to the presidency, however, has been greatly exceeded by your manly forbearance with all my mistakes. Is it necessary for me to thank you now for this courtesy? I have mentally done so a thousand times while sitting as your presiding officer.

I shall never cease to prize the honor which your votes have given me—that of being your first president.

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TO GRADUATES OF CHICAGO MEDICAL COLLEGE.—Those graduates of Chicago Medical College who have not received a copy of the Constitution and By-Laws of the Alumni Association, recently formed, will please send in their address to the Sec'y,  
S. A. McWILLIAMS,

*166 State Street, Chicago.*

SEVENTEENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY—SPRINGFIELD, JUNE 4TH AND 5TH, 1867.

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The members of the Illinois State Medical Society assembled in Annual Session, in the Representatives' Hall, June 4th, 1867, at 10 o'clock A.M.

Dr. F. B. Haller, of Vandalia, President, called the Society to order, and introduced the Rev. Albert Hale, who opened the exercises with prayer.

Dr. N. Wright, Chairman of the Committee of Arrangements, then extended a cordial and appropriate welcome to the members of the Society; after which, the Assistant-Secretary, Dr. P. H. Bailhache, reported the following list of members and delegates as present:—

Drs. L. T. Hewins and T. N. Booe, of Loda, and D. L. Jewett, of Watseka, Iroquois Co.

Dr. C. Goodbrake, Clinton, DeWitt Co.

Drs. H. H. Roman, H. C. Barrell, P. J. Wardner, Justus Townsend, B. F. Stephenson, A. Trapp, Lyman B. Slater, H. B. Buck, Geo. T. Allen, B. M. Griffith, P. H. Bailhache, and H. K. Palmer, of Springfield, and N. Wright, of Chatham, Sangamon Co.

Dr. G. W. Albin, Neoga, Cumberland Co.

Drs. A. Niles, Joseph Robbins, Louis Watson, and J. T. Wilson, of Quincy, Adams Co.

Dr. F. H. VanEaton, Carrollton, Greene Co.

“ M. F. DeWitt, Whitehall, “

“ F. B. Haller, Vandalia, Fayette Co.

Drs. E. W. Moore, S. T. Trowbridge, J. A. W. Hostetler, and A. McBride, of Decatur, and H. N. Clark, of Niantic, Macon Co.

Dr. M. Reese, Abingdon, Knox Co.

Drs. D. Prince, G. R. Bibb, and W. S. Edgar, of Jacksonville, and John W. Craig, of Arcadia, Morgan Co.

Dr. J. T. Frazer, Howard's Point, Fayette Co.

Drs. D. W. Young and E. H. Gale, of Aurora, Kane Co.



Dr. D. S. Jenks, Plano, Kendall Co.

Drs. W. A. Knox, A. Fisher, N. S. Davis, H. A. Johnson, E. Powell, J. H. Hollister, J. Adams Allen, Moses Gunn, J. S. Hildreth, E. L. Holmes, R. N. Isham, F. O. Earle, DeLaskie Miller, C. T. Fenn, E. Ingals, and Frank W. Rielly, Chicago, Cook Co.

Dr. T. D. Washburn, Hillsboro, Montgomery Co.

Drs. E. P. Cook and J. C. Corbus, Mendota, LaSalle Co.

Dr. J. F. Potts, Peoria, Peoria Co.

“ J. Little, Leroy, McLean Co.

“ H. Noble, Heyworth, McLean Co.

Drs. S. W. Noble, D. O. Crist, D. L. Crist, and T. F. Worrell, Bloomington, McLean Co.

Dr. S. B. McGlumphy, Lincoln, Logan Co.

“ J. S. Whitmire, Metamora, Woodford Co.

“ O. Q. Herrick, Kansas, Edgar Co.

“ H. W. Davis, Paris, Edgar Co.

Drs. J. O. Hamilton, J. L. White, and G. C. Lyon, Jerseyville, Jersey Co.

Dr. Wm. Massie, Grandview, Edgar Co.

“ W. R. Fox, Wilmington, Will Co.

Drs. W. H. Veatch and John Ewing, Pawnee, Sangamon Co.

Dr. H. S. Hurd, Galesburg, Knox Co.

“ B. K. Shurtleff, Amboy, Lee Co.

#### ELECTION OF MEMBERS.

The following were also elected permanent members, by unanimous vote:—

Drs. John M. West, Williamsville.

Thos. Hickman, Vandalia, Fayette Co.

B. H. Cheeny, Joliet, Will Co.

Chas. Kerr, Pawnee, Sangamon Co.

J. Sweeney, Normal, McLean Co.

A. L. Kimber, Waverly, Morgan Co.

J. P. Mathews, Carlinville, Macoupin Co.

C. L. Hart, Irving, Montgomery Co.

John Walker, Berlin, Sangamon Co.

Henry W. Boyd, Alton, Madison Co.

J. L. Millier, Springfield, Sangamon Co.

J. C. Ross, Lincoln, Logan Co.

John W. Lawrence, Carbondale, Jackson Co.

G. H. Peebles, Williamsville.

A recess of 10 minutes was taken, to enable the delegates from each county represented to select one of their own number, to constitute a committee, for nominating officers and standing committees for the ensuing year. On being called to order, the following members had been selected to constitute the Nominating Committee:—

Drs. W. S. Edgar, of Morgan Co.

Louis Watson, of Adams Co.

D. W. Young, of Kane Co.

D. S. Jenks, of Kendall Co.

J. C. Corbus, of LaSalle Co.

C. Goodbrake, of DeWitt Co.

J. F. Potts, of Peoria Co.

J. T. Frazer, of Fayette Co.

R. N. Isham, of Cook Co.

J. S. Whitmire, of Woodford Co.

M. Reese, of Knox Co.

H. B. Buck, of Sangamon Co.

S. T. Trowbridge, of Macon Co.

T. F. Worrell, of McLean Co.

G. W. Albin, of Cumberland Co.

O. Q. Herrick, of Edgar Co.

D. L. Jewett, of Iroquois Co.

S. B. McGlumphy, of Logan Co.

T. D. Washburn, of Montgomery Co.

J. L. White, of Jersey Co.

H. W. Boyd, of Madison Co.

F. H. VanEaton, of Greene Co.

B. K. Shurtleff, of Lee Co.

The Secretary read a letter from Dr. Taggart, of Cairo, explaining his inability to attend the present meeting. Also, a letter from Dr. R. G. Bogue, of Chicago, member of the

Special Committee on Deformities of the Spine and Joints, explaining the non-appearance of a report by the Committee, and asking further time, with the addition of Dr. F. O. Earle, of Chicago, to the Committee.

On motion, the request of Dr. Bogue was granted, and the Committee continued another year.

Dr. H. A. Johnson moved that the amendment to the Constitution, proposed last year, *granting to permanent members the right to vote, the same as delegates*, be taken from the table and adopted. The motion was sustained by a vote of 24 yeas and 1 nay; the members of the Nominating Committee being absent from the room.

Dr. DeLaskie Miller moved the adoption of a pending amendment to the Constitution, fixing the regular annual meetings of this Society on the *Third Tuesday in May*, in each year. The amendment was adopted by a vote of 32 yeas, 0 nays.

Dr. J. Adams Allen, Chairman of the Standing Committee on Practical Medicine and Epidemic Diseases, stated that the report consisted chiefly of two papers; one on Cholera, as it prevailed in Chicago in the summer of 1866, written by Dr. Marsh, of Chicago; another on Diseases in the Interior of the State, by Dr. L. T. Hewins, of Loda.

The first of these papers was made the special order for consideration at 2 o'clock P.M.

Dr. C. Goodbrake, Chairman of the Nominating Committee submitted the following report:—

*For President*—Dr. S. W. NOBLE, of Bloomington.

*For Vice-Presidents*—Drs. D. W. YOUNG, of Aurora, and O. Q. HERRICK, of Kansas.

*For Treasurer*—Dr. J. H. HOLLISTER, of Chicago.

*For Next Place of Meeting*—Quincy.

On motion of Dr. H. A. Johnson, the report of the Committee was accepted, and the several candidates for office unanimously elected.

The President appointed Drs. Johnson, Miller, and Moore a committee to conduct the newly-elected officers to their places.

Drs. Noble and Young, on being conducted to their places,

thanked the Society for the honor conferred on them; and the retiring President, Dr. Haller, delivered a short, but appropriate address.

The annual assessment for the year 1867, was fixed at \$3.

Dr. H. A. Johnson then moved a reconsideration of the vote adopting the constitutional amendment relating to voting by permanent members.

The motion was carried, and, after a brief discussion by Drs. Johnson, Watson, Moore, Niles, Young, Worrell, and Davis, the amendment was again adopted, by a unanimous vote of 49 ayes, 0 nays.

On motion, the Society adjourned to 2 o'clock P.M.

#### AFTERNOON SESSION.

The Society was called to order at 2 o'clock P.M., Dr. S. W. Noble, President, in the chair.

Dr. J. Robbins, of Quincy, moved to amend the minutes of the last annual meeting, by inserting the following in the place of the fifth paragraph from the bottom of page 5 of the printed transactions:—

“A paper was presented from the Adams County Medical Society, remonstrating against the admission of the Quincy Medical Society to representation in this Society, which was referred to a special committee, consisting of S. T. Trowbridge, H. Noble, and J. M. Steele.

“The special committee, to whom was referred the communication from the Adams County Medical Society, reported the following resolution, which was adopted:—

“*Resolved*, That the so-called Quincy Medical Society is not entitled to representation in the Illinois State Medical Society.”

After some discussion, the amendment proposed by Dr. Robbins was adopted, and the minutes, as amended, approved.

The special order of business being the report of the Standing Committee on Practical Medicine, Dr. J. A. Allen, Chairman of that Committee, read a paper on the Prevalence of Cholera in Chicago during the year 1866, written by Dr. W. R. Marsh of Chicago. The report was founded almost exclu-

sively on the records of the Health-Officer of Chicago, and after some discussion by Drs. N. S. Davis, H. A. Johnson, and D. Prince, it was, on motion of Dr. P. H. Bailhache, referred to the Committee of Publication.

An invitation was received from the Mayor and city authorities of Springfield, to visit Oak Ridge Cemetery at 4 o'clock P.M., which was accepted.

Dr. J. Adams Allen presented the following resolution:—

*Resolved*, That the moderate use of ripe, but not stale or decaying, fruits is not objectionable as tending to produce cholera, but, rather, conducive to the preservation of health during the hot season.

This elicited a discussion, which was participated in by Drs. Edgar, Allen, Johnson, and Prince. While the latter was speaking, the hour fixed for the excursion to Oak Ridge arrived, and the further consideration of the subject was postponed until 9 o'clock Wednesday morning.

Notice was given that a public lecture would be given in the Hall, by Dr. J. Adams Allen, of Chicago, at 8 o'clock that evening.

The Society then adjourned to 9 o'clock A.M. of Wednesday.

WEDNESDAY, JUNE 5TH.

The Society was called to order at 9 o'clock A.M., Dr. S. W. Noble, President, in the chair.

Dr. N. Wright, in behalf of the Committee of Arrangements, reported the following list of volunteer communications, with a recommendation that they be heard in order after the reports of committees.

Tracings of the Pulse, and Sphygmograph for making the same, prepared by H. A. Johnson, M.D., Prof. Chicago Med. College.

Experimental Inquiries concerning the Physiological Effects of Alcoholic Drinks. By N. S. Davis, M.D., Prof. Chicago Med. College.

Treatment of Paniform Cornea, occurring with Granular Eyelids. By Joseph S. Hildreth, M.D., Chicago.

Pocket Obstetric Forceps, with a description of the same. By Addison Niles, M.D., of Quincy.

A Case of Hydrophobia, with Treatment. By T. R. Higgins, M.D., of Vandalia.

Deformities of the Spine treated by Mechanical Appliances. By F. O. Earle, M.D., of Chicago.

Dr. J. H. Hollister offered the two following resolutions, which were unanimously adopted.—

*Resolved*, That the Treasurer report to the Publishing Committee, at the close of each annual meeting, the names of all those members who have been present at any one or more of the annual meetings during the *five* preceding years; or who have paid one or more annual assessments during that time; or have reported physical disability, preventing attendance at said meetings. And that only the names so reported be published in the Transactions for that year.

*Resolved*, That the Treasurer be instructed to communicate each year with all the members whose names appear in the Transactions, who have not paid their annual dues, and solicit payment of the same.

Dr. David Prince offered the following, which was adopted unanimously:—

*Resolved*, That it is with deep regret that the members of this Society contemplate the death of Daniel Brainard, M.D., Professor of Surgery in Rush Medical College; and that we unanimously accord to his memory the high appreciation due to the name of one who, by his talents and industry, has added to the sum of human knowledge, thus placing the world, as well as the profession, under obligations to perpetuate the memory of his contributions.

Dr. T. F. Worrell moved that a committee of five be appointed as a judicial committee to investigate the charges against Dr. Addison Niles, of Quincy. The motion was adopted, and the President appointed Drs. David Prince, E. W. Moore, DeLaskie Miller, O. Q. Herrick, and L. T. Hewins as said committee. And at a subsequent stage of the proceedings, the names of Drs. H. A. Johnson and Edwin Powell were added to the committee.



Dr. F. B. Haller, of Vandalia, offered the following resolution:—

*Resolved*, That we, the members of the State Medical Society, recommend that the several medical schools in this State adopt the plan of teaching recommended by the recent teachers' convention, in Cincinnati, as soon as practicable; and that we will send our pupils to the school or schools adopting such plan.

Dr. J. Adams Allen moved that the consideration of the subject be postponed until the reports from standing and special committees had been received and disposed of. Which motion was adopted.

Dr. C. Goodbrake, in behalf of the Committee on Nominations, reported the following as standing and special committees to report at the next annual meeting of the Society:—

*Committee on Practical Medicine and Epidemics*—Drs. H. A. Johnson, of Chicago; E. P. Cook, of Mendota; and Wm. Massey, of Grandview.

*Committee on Surgery*—Drs. E. Powell, of Chicago; Geo. T. Allen of Springfield; and S. T. Trowbridge, of Decatur.

*Committee on Obstetrics*—Drs. E. W. Moore, of Decatur; G. W. Albin, of Neoga; and W. A. Elder, of Bloomington.

*Committee on Drugs and Medicines*—Drs. Henry Wing, of Collinsville; W. S. Edgar, of Jacksonville; and D. S. Jenks, of Plano.

*Committee on Ophthalmology*—Drs. H. H. Roman, of Springfield; Joseph S. Hildreth, and E. L. Holmes, of Chicago.

*Committee on the Causes, Pathology, and Treatment of Cholera*—Dr. N. S. Davis, of Chicago.

*Committee on the Language of the Pulse*—Dr. J. H. Hollister, of Chicago.

*Committee on Fracture of Lower End of Radius*—Dr. David Prince, of Jacksonville.

*Committee on Conservatism in the use of Remedial Agents*—Dr. E. Ingals, of Chicago.

On motion of Dr. H. A. Johnson, Quincy was designated as the place for holding the next annual meeting of the State Medical Society.

On motion, the report of the Nominating Committee was adopted.

The resolution offered by Dr. J. A. Allen, in relation to the use of fruit during seasons when cholera is prevalent, being the special order, was taken up; Dr. Prince having the floor.

Dr. Prince advocated the resolution, and gave some interesting facts relating to the efforts to suppress the use of fruits in St. Louis during a former prevalence of cholera in that city.

Dr. W. S. Edgar thought some fruits might be used safely, while others were dangerous. Hence, he moved to amend the resolution by inserting the words "some fruits," which was lost.

Dr. E. Ingals offered the following as a substitute for the resolution of Dr. Allen, but subsequently modified his motion, so as to make it an additional resolution:—

*"Resolved, That the diet that is ordinarily most wholesome is the proper diet to be taken during an epidemic of cholera."*

After further discussion by Drs. T. F. Worrell, D. W. Young, and H. A. Johnson, Dr. N. S. Davis moved to amend the original resolution, by inserting after the word "fruits," the words "taken at the ordinary meals." He fully endorsed the position that good, ripe fruits not only did not predispose to attacks of cholera, but were positively beneficial as articles of food. But, like all other articles of food, they should be taken only at proper intervals; and, as physicians, they should not adopt any resolution that might be so construed as to encourage the eating of even ripe fruit at any and all hours of the day. The amendment was accepted without opposition.

Dr. H. A. Johnson thought it injudicious to adopt any resolution on the subject, and moved to lay the resolutions on the table. The motion was lost, by 29 yeas, 34 nays.

The resolution offered by Dr. Allen, and amended, was then adopted as follows:—

*Resolved, That the moderate use of ripe, but not stale or decayed, fruits, taken at the ordinary meals, is not objectionable, as tending to produce cholera, but, rather, conducive to the preservation of health during the hot season.*

The resolution offered by Dr. E. Ingals, was also adopted.

Dr. J. H. Hollister offered the following resolution, which was adopted:—

*Resolved*, That a special committee of three be appointed upon the subject of Necrology, having reference to the proper preservation of statistical and other memorial records of its deceased members.

Dr. Hollister also proposed such an alteration of the Constitution as would make the Committee on Necrology a *standing* committee. Laid on the table until the next annual meeting.

Dr. J. S. Whitmire offered the following, which was adopted:

*Resolved*, That it now be made a permanent rule of this Society, that no member shall be permitted to speak a second time on any one subject, without the special permission of this Society.

Dr. E. W. Moore moved that Art. 4 of the Constitution be so amended that the term of office of the President and Vice-Presidents shall commence at the opening of the next annual meeting after their election. Laid over, under the rules.

The hearing of reports of standing committees was then resumed, and Dr. L. T. Hewins, one of the Committee on Practical Medicine, read an interesting report, which was accepted and referred to the Committee on Publication.

Dr. DeLaskie Miller, Chairman of the Committee on Obstetrics, presented an abstract of his report, which, on motion, was accepted, and the report referred to the Committee on Publication.

Dr. H. W. Davis presented a lengthy report, embodying the results of his surgical practice during his recent service in the army; which was accepted without reading and referred to the Committee on Publication.

Dr. Geo. T. Allen presented a short paper on the Radical Cure of Inguinal Hernia, with the instruments required for the operation. The paper was referred to the Committee on Publication.

Dr. Trowbridge, Chairman of the Committee appointed at the last annual meeting, to urge the enactment of suitable laws by the State Legislature, reported as follows:—

*To the Honorable President and Members of the Illinois State Medical Society:—*

The committee, to whom was entrusted the draft for the afore-mentioned law, would beg leave to report:—

That prior to the session of the General Assembly, ending the current year, there was a correspondence opened with several legislators whose opinions were favorable to the scheme, and the draft submitted to this body one year ago, at Decatur, by the Macon County Medical Society, was sent to them. There was, therefore, a very favorable element in quite a number of intelligent men of both branches of the Legislature anxious for the passage of such an act.

About ten days after the assembling of the Legislature, a quorum of this committee met in Springfield and consulted as to a plan of procedure, and determined that the bill should make its appearance in the Senate first. It was, therefore, presented to that body by its able and zealous friend, the Hon. W. H. Cheney, of McLean Co. We had a preference that it should be referred—because of its pertinence—to the Committee on Education, which preference met the approval of the honorable senator presenting it. We consulted the members of the Committee on Education, in part, concerning the prospects of the passage of the bill, and found no opposition to it after they saw fully what it assumed to correct.

Starting it thus in the Senate, and feeling favorably impressed with the encouraging assurances which we received from various influential senators, we next consulted with many members of the House of Representatives concerning its passage through that body, should it succeed in passing through the Senate, and for a time felt sanguine of success, from the promises we received. But the golden pitcher was broken at the *fountain*. The Committee on Education tabled the bill in their room, and thus the thing was *still-born*, or rather still *unborn*, and so remained. Our honorable senator attempted to take it from the table that it might be recommitted, but it failed even in that.

There was so determined a spirit in the House that some-

thing of the kind should pass, that a bill was presented to that body, bearing features widely differing from those which this committee was ordered to present, and considered by its friends as more conservative, which, although not killed in the committee rooms, was in the House.

It is, however, flattering, to reflect that the necessity of such a law was entertained by the Senate and House, by a larger number of men than any similar bill had ever been before. We therefore hope and expect that the intelligence of our law-makers will so grow that to pass a statute possessing the plain-faced merit of the one which we presented will, some day soon, be the accomplishment of our continued and persistent effort. We therefore recommend that the enterprise be continued, by the appointment of a more weighty and politically influential lobbying committee.

S. T. TROWBRIDGE, M.D.

GEO. T. ALLEN, M.D.

P. H. BAILHACHE, M.D.

Dr. W. S. Edgar offered the following, which was adopted:—

*Resolved*, That a committee of five be appointed, to report a memorial and law, to be presented to the Legislature at its next regular session, for the better regulation of the practice of medicine in the State; said committee to report the result of their labors at the next meeting of the Society.

Dr. N. S. Davis, Permanent Secretary, in behalf of the Committee of Publication, presented the following report:—

When the undersigned commenced his term of office as Secretary, more than ten years since, the treasury of this Society was considerably in debt for the publication of the Transactions of the preceding year. And the receipts into the treasury have not been sufficient to liquidate the indebtedness and pay the full current expenses of publication. Hence, three alternatives have recurred to your committee at each returning year, namely:—first, to omit the publication of the Transactions annually, for want of funds; second, to publish on the individual credit of the committee, with an annually increasing balance against the treasury, which by this time would have

amounted to not less than \$1000; or, third, to reduce the cost of publication to the amount actually in the treasury, or nearly so. The only possible mode of accomplishing the latter alternative was, to first print the record of proceedings, reports, and papers constituting the Transactions, in the medical periodical under the control of the Secretary, and furnish extra sheets enough to make up the required number of volumes of Transactions for the use of the Society, at the cost of simple presswork, paper, and binding. In this way, from \$100 to \$150 could be saved to the treasury annually.

Regarding the publication of the reports and papers read before the Society, in the medical periodicals as, in itself, a benefit, by giving them a wider circulation in the profession, your committee did not hesitate to adopt the third alternative named. This course met the uniform approval of the Society until the meeting in Decatur, June, 1867. At that meeting, which is the only one that your Secretary has failed to attend during his term of office, this subject was referred to a committee, whose report stated that it was *not* desirable to have the Transactions published in the medical journals, and recommended that 100 copies be published, independently, for the members of the Society. This report was laid on the table, without any action by the Society. Hence, the Committee of Publication were left without either an approval of their past work, or any instructions for the future.

As soon after the last meeting as the material for the Transactions had been placed in the hands of the committee, it was found that the independent publication of 100 copies of the Transactions would cost at least \$260, while there was, at that time, a balance of only \$100 in the treasury. In this dilemma, your committee resorted to the same practice as in preceding years, by which they reduced the cost of publication \$111, distributed copies of the Transactions to all members who had paid the annual assessment early in November, and left the treasury free from embarrassment. It is to be hoped that the increased number of members in attendance on the present annual meeting will so increase the receipts of the Treasurer, that the



Transactions of this meeting can be immediately sent to press, as an independent publication. But if, as has heretofore been the case, the amount should be found insufficient, your publication committee should not be left in the embarrassing position of having neither the positive approval nor the instructions of the Society.

Immediately after the last annual meeting, the full record of proceedings was furnished for publication in both the medical journals published in our State. Subsequently, written notices were sent by the Secretary to the chairman of each committee charged with the duty of making a report at the next annual meeting. Certificates of appointment were also sent to each delegate appointed to attend the meeting of the American Medical Association for 1867.

As the duties devolving on the Publication Committee depend, for their execution, mainly upon the Permanent Secretary, the undersigned would respectfully request the Society to appoint his successor whenever they deem it advisable to do so.

Respectfully submitted, in behalf of the Com. of Publication.

N. S. DAVIS, *Permanent Secretary.*

The report was accepted, and a vote of thanks unanimously tendered to Dr. Davis, for his services in superintending the publication of the Transactions of the Society.

Dr. J. H. Hollister presented the annual report of the Treasurer, showing a balance of \$2 or \$3 in the treasury.

The report was accepted and referred to the Auditing Committee.

On motion, the Society adjourned to 2 o'clock P.M.

AFTERNOON SESSION—SECOND DAY.

The meeting was called to order at 2 o'clock P.M., Dr. S. W. Noble in the chair.

Dr. D. Prince, Chairman of the Judicial Committee, made the following report, which was accepted and the committee discharged:—

*Whereas*, The claim of Dr. Addison Niles to membership in the Illinois State Medical Society rests upon the fact of his

having been received as a delegate from a society which the Illinois State Medical Society has declared not entitled to representation; therefore,

*Resolved*, That the charges are not regularly before the Society.

The committee would further recommend, that inasmuch as the Quincy Medical Society was not heard in its defence last year, that the question of its right to representation be referred to a new committee, with instructions to report at the next meeting of this Society.

DAVID PRINCE, DE LASKIE MILLER, H. A. JOHNSON, E. POWELL, E. W. MOORE,	}	<i>Committee.</i>
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Dr. J. Robbins, of Quincy, offered the following as an amendment to the report:—

*Whereas*, The claim of Dr. Addison Niles to membership in this Society rests alone on the fact that he was delegated thereto by a body (the so-called Quincy Medical Society) which this Society has declared not to be entitled to representation; therefore,

*Resolved*, That the name of Dr. Addison Niles be stricken from the roll of members.

On motion of Dr. H. Noble, the amendment was laid on the table. The report of the Committee was adopted.

Dr. C. Goodbrake, in behalf of the Nominating Committee, made the following recommendations of committees:—

*For Local Secretary*—Dr. J. Robbins, of Quincy.

*For Committee of Arrangements*—Drs. Louis Watson, J. N. Ralston, and J. T. Wilson, of Quincy; M. Shepherd, of Payson; and W. M. Landon, of Burton.

*For Committee on Necrology*—Drs. J. H. Hollister, of Chicago; F. B. Haller, of Vandalia; and W. S. Edgar, of Jacksonville.

*For Committee on Legislation*—Drs. S. T. Trowbridge, of Decatur; H. A. Johnson, of Chicago; F. B. Haller, of Van-

dalia; W. S. Edgar, of Jacksonville; and H. Noble, of Heyworth.

*On Cholera-Infantum*—Dr. DeLaskie Miller, of Chicago.

On motion, the report was accepted, and its recommendations adopted.

Dr. H. A. Johnson offered the following, which was adopted:

*Resolved*, That the Committee on Legislation be instructed to prepare and present to the next regular session of the State Legislature, a bill legalizing human dissections, and that each member of this Society be requested to urge upon our legislators the importance of such legal provisions, as a protection to public and private cemeteries, as well as for the promotion of medical and surgical education.

Dr. D. W. Young moved that the thanks of the Society be tendered to Dr. J. Adams Allen, for his interesting public address last evening, and that he be requested to furnish a copy of the same to the Publication Committee, which motion was carried in the affirmative.

Dr. P. Baillache, Chairman of the Committee on Drugs and Medicines, presented an interesting report, which was accepted and referred to the Committee of Publication.

Dr. David Prince read an abstract of his report on Plastic Surgery, which was accepted, and the report referred to the Committee of Publication.

Dr. H. A. Johnson offered the following, which was adopted:

*Resolved*, That Drs. J. W. Freer and Edmund Andrews be appointed by this Society, delegates to the International Congress, to be held in Paris, during the month of August next.

Dr. E. L. Holmes, Special Committee on Ophthalmology, presented a brief report, which was accepted and referred to the Committee of Publication.

Dr. T. D. Fitch, Chairman of the Committee on Specialties and Medical Advertising, presented a report, which was read by the Secretary and referred to the Committee of Publication.

Dr. D. Prince, from the same committee, presented a minority report, which was also referred to the Committee of Publication.

Dr. J. S. Hildreth read an interesting paper on Granular Conjunctivitis with Paniform Cornea, which was accepted and referred to the Committee of Publication.

Dr. H. A. Johnson presented some interesting illustrations of the pulse lines, as written by the sphygmograph, together with the instrument. The communication was referred to the Publication Committee.

Dr. N. S. Davis read a paper on the Physiological Effects of Alcoholic Drinks, which elicited an interesting discussion, and was referred to the Committee of Publication.

On motion of Dr. D. W. Young, the Society proceeded to elect the following members as delegates to the next annual meeting of the American Medical Association:—

Drs. T. F. Worrell, of Bloomington.

J. H. Hollister, of Chicago.

C. Goodbrake, of Clinton.

Jos. Robbins, of Quincy.

W. S. Edgar, of Jacksonville.

H. B. Buck, of Springfield.

F. B. Haller, of Vandalia.

Moses Gunn, of Chicago.

J. C. Corbus, of LaSalle.

J. T. Wilson, of Quincy.

H. Noble, of Heyworth.

N. Wright, of Chatham.

L. T. Hewins, of Loda.

H. W. Davis, of Paris.

B. K. Shurtleff, of Amboy.

J. M. Steele of Grandview.

E. H. Gale, of Aurora.

Dr. P. H. Bailhache reported that the Treasurer's report has been examined by the Auditing Committee, and found correct.

Dr. J. S. Hildreth offered the following, which was referred to the Committee on Legislation:—

*Resolved*, That a committee of three be appointed, to report at the next annual meeting of this Society, upon the necessity

of an act of the Legislature defining the duties, responsibilities, and liabilities of Druggists and Pharmacutists.

On motion, the Society adjourned, until 7 o'clock P.M.

EVENING SESSION—SECOND DAY.

The Society was called to order by the President at 7 o'clock P.M.

Dr. F. O. Earle, of Chicago, read a paper on the Mechanical Treatment of Angular Curvature of the Spine, and exhibited apparatus. The paper was accepted and referred to the Committee on Publication.

Dr. Addison Niles presented a specimen of Pocket Midwifery Forceps, with a description of the same, which was referred to the Committee of Publication.

Dr. Higgins, of Vandalia, presented the history of a Case of Hydrophobia, which was read by Dr. F. B. Haller, and elicited some discussion. The thanks of the Society were tendered to Dr. Higgins, with the request that the case be published in some medical journal.

Dr. H. A. Johnson offered the following resolution, which was adopted:—

*Resolved*, That this Society urge upon the municipal authorities of all our cities and larger towns the importance of a careful record of births, and a uniform registration of deaths and their causes, using for this purpose such necrological tables as have been generally adopted in this country and Europe.

Dr. D. Prince offered the following, which was adopted:—

*Resolved*, That the Committee on Legislation be instructed to consider the propriety of urging upon the Legislature the passage of a law requiring railroad companies, and other incorporated companies using machinery, to be responsible for the expense of board, nursing, medical supplies, and medical attendance necessary for their employees during the process of recovery, not exceeding six months, in cases of injuries received in the performance of their duties.

The resolution relating to medical education, previously offered by Dr. F. B. Haller, and deferred until the reports of

committees, etc., had been disposed of, was now taken up, and after some remarks by Dr. Haller, it was, on motion of Dr. J. S. Whitmire, referred to a committee of three, to report on the same at the next annual meeting of the Society. Drs. F. B. Haller, S. T. Trowbridge, and H. Noble were appointed said committee.

The President also appointed the following committee to examine and report on the status of the Quincy Medical Society: Drs. C. Goodbrake, E. L. Holmes, and D. O. Crist.

The following resolutions were unanimously adopted:—

*Resolved*, That the thanks of this Society be and are hereby tendered to the retiring officers, for their faithful performance of their respective duties.

*Resolved*, That the thanks of this Society are hereby tendered to the profession, citizens, and authorities of Springfield, and also to the Committee of Arrangements, for the provision made for the accommodation and entertainment of the Society at this meeting.

*Resolved*, That the thanks of the Society be tendered to Hon. Sharon Tyndale, the Hon. Secretary of State, for his courtesy in granting the use of the Hall of Representatives for the sessions of the State Medical Society.

*Resolved*, That the thanks of the Society be tendered to the Superintendents of the Illinois Central R.R., the Chicago, Alton and St. Louis R.R., and the Toledo, Wabash, and Great Western R.R., for their favors of commutation tickets to members of the Society attending this meeting.

On motion, the Society adjourned *sine die*.

N. S. DAVIS, *Permanent Sec'y.*

P. H. BAILHACHE, *Ass't-Sec'y.*



### Selections.

#### CASE OF TREPHINING THE SPINE; DEATH FROM PYÆMIA; CLINICAL REMARKS.

The following is one of very great surgical interest. The question of the advisability of trephining the spine after injuries—an operation recently advocated by Dr. Brown Séquard—was largely discussed at a recent meeting of the Medical and Chirurgical Society, after the reading of a paper by Mr. Berkeley Hill. (See *American Journal of Medical Sciences*, April, 1867, p. 538.) For the following report, we are indebted to Mr. Tracey:

J. J., aged 28, while somewhat tipsy, fell off a cart on his right buttock, and was unable to stand or move his lower extremities from that moment. The case was first seen by Mr. Mauder on August 31, three days after the occurrence of the accident, when the patient exhibited more or less loss of sensation below the level of the nipples, and loss of muscular power in the trunk and lower extremities, with constipation and retention of urine. The right buttock was bruised and excoriated, as also was the integument over the angles of the right mid-dorsal region. On examining the spine, the spinous process of the seventh cervical vertebra appeared to be most unusually prominent, and the attempt to move this (though no mobility was appreciable,) gave pain in the region, and also along the back of the patient's right arm. The patient stated that this prominence had existed a long time, and had been caused by carrying bags of sand upon his neck. Respiration was performed chiefly by the diaphragm. The patient was placed upon a water-bed, and beyond attention to his bladder and to the bruise on the buttock, which was gradually converted into a sore, little in the shape of treatment was requisite; but the symptoms gradually changed—incontinence of feces and urine supervened, and the loss of sensation as high as the nipples became complete. He grew weak.

On September 18 he was the subject of a severe cough, accompanied by difficult and copious expiration. He breathed more easily when lying over somewhat on his left side. The urine was highly ammoniacal, and loaded with muco-pus. Dr. Davies was consulted as to the condition of the chest, and advised mist oleosa and brandy. Pulse intermittent.

19th.—After consultation with Dr. Ramskill and Mr. Little, Mr. Mauder determined to cut down upon the seat of and

explore the injury. Insensibility and loss of volition existed as high as the nipple; the skin over the upper part of the right scapula and along the back of the right arm as far as the elbow, was tender on pressure, and an attempt to move the spine of the seventh cervical vertebra caused pain also. Irritating the feet caused reflex action. Incontinence of feces and of urine as before. The grasp of the right hand was weaker than that of the left, which was strong.

At the operation Mr. Maunder said he was induced to interfere surgically for certain reasons—the physical condition of the spine led him to think that the seventh cervical vertebra, in part or entirely, had been displaced backwards and a little upwards, thus compressing the cord between its body and the laminæ of the first dorsal. He thought that the cord had not been crushed beyond repair at the time of accident, because there was not from the first a total loss of sensation, but this had gradually become complete by reason of the continued pressure causing loss of temporary function. The operation which he proposed to perform did not, he thought, in itself, entail great risk to life, and was justified by the urgency of the symptoms.

*Operation.*—The patient being on his face, and under the influence of chloroform, (which he bore well,) an incision about three inches in length in the mesian line exposed the spines of the first and second dorsal vertebrae, and the knife kept close to these readily allowed the muscles to be separated, so as to expose the laminæ also. The muscles were ecchymosed to some extent. Free bleeding occurred, but no ligature was requisite. The spines of these vertebrae were now cut off at their bases, and the corresponding laminæ were removed by the trephine and bone forceps. The bleeding having ceased, the sheath of the cord was seen at the bottom of the wound, but nothing abnormal could be either seen or felt in it. On comparing the interval between the sheath of the cord opposite the laminæ of the third dorsal vertebra, and between it and the laminæ of the last cervical, the space was decidedly greater in the former than in the latter region; but this difference was not sufficient to induce the operator to remove the laminæ of the seventh cervical. The wound was dressed with water-dressing, and the patient returned to bed. Half a grain of extract of belladonna was ordered thrice daily.

For some few hours after the operation the patient vomited, and when he had recovered from this, said his legs felt warmer than before the operation. Pain in the arm persisted for two

or three days. Cough diminished greatly. On the fourth day subsequent to the operation, he was ordered one-twelfth of a grain of strychnine, thrice daily, and in a day or two reflex action was more readily excited in the lower extremities. On the 29th the cough again became very distressing, and he expired suddenly on October 2.

At a *post mortem* conducted by Dr. Sutton, the medulla spinalis was found more or less pulped opposite the lower border of the seventh cervical vertebra, and this, too, was displaced slightly forward, and its right transverse process was broken. There was not the least trace of inflammatory action in or about the cord and its membranes, but there was ample evidence of pyæmia in the great viscera. The bladder was quite healthy, a condition which Mr. Maunder believed to be due to the attention bestowed upon that viscus by Mr. Salt, one of the dressers. Mr. Maunder suggested that the first attack of cough (before the operation) was also due to the blood-poisoning originating in the bed-sore.—*Med. Times and Gaz.*, Feb. 23, 1867; *Med. News and Library*, Philadelphia.

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### Book Notices.

Elements of Human Anatomy; General, Descriptive, and Practical. By T. G. RICHARDSON, M.D., Prof. of Anatomy in the Medical Department of the University of Louisiana. Second Edition. Carefully Revised, and Illustrated by nearly 300 engravings. Philadelphia: J. B. LIPPINCOTT & Co. 1867.

This is a full-sized octavo volume of 671 pages; published in excellent style. Its illustrations are well executed, and, as a whole, it constitutes one of the best text-books on anatomy that we have seen.

For sale by S. C. GRIGGS & Co., 41 Lake Street, Chicago. Price \$6.00.

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Notes on the Origin, Nature, Prevention, and Treatment of Asiatic Cholera. By JOHN C. PETERS, M.D. Second Edi-

tion, with an Appendix. New York: D. VAN NOSTRAND, 192 Broadway. 1867.

This is a neatly printed duodecimo volume of 200 pages. It is written in good style; and the title-page gives a good idea of the scope of its contents.

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### Editorial.

ILLINOIS STATE MEDICAL SOCIETY.—In the present number of the EXAMINER, will be found a full record of the proceedings of our State Medical Society, at its recent meeting in Springfield. There was a larger number of members in attendance than at any previous meeting for eight or ten years. It was characterized by harmony, strict attention to appropriate business, and a spirit of active investigation. The reports and papers presented were more numerous and interesting than usual, but the time allowed for their investigation was too short.

For the first time in several years, the Treasury was reported as not in debt, and money enough was received to ensure an early publication of the *Transactions* for 1867. We hope those members who presented reports or papers, which were referred to the Committee on Publication, and retained them in their own hands, will forward them to the Secretary without delay. By so doing, they will greatly facilitate an early publication.

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MEDICAL EDUCATION.—We are gratified to observe that the proposed revision of our system of medical education, as adopted by the Convention of Medical College Delegates, recently held at Cincinnati, is receiving the cordial sanction of nearly all our exchanges. The editor of the *Boston Medical and Surgical Journal*, in a recent number, strongly endorses the action of the convention, but expresses regret that the "Elements of the Natural Sciences" should have been stricken out of the Section

relating to Preliminary Education. Had he looked a little closer, he would have been spared this regret; for he would have discovered that though the words were stricken out at one stage of the meeting, they were restored again before the close of the session. That Section, as it was finally adopted, unanimously, by the convention, is as follows:—

“That every student applying for matriculation in a medical college, shall be required to show, either by satisfactory certificate, or by a direct examination by a committee of the Faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of Mathematics and the elements of the Natural Sciences, and a sufficient knowledge of Greek and Latin to understand the technical terms of the profession; and that the certificates presented or the results of the examination thus required, be regularly filed as a part of the records of each medical college.”

We hope to see the whole plan of revision, as recommended by the convention, *practically* adopted by the colleges and the profession in 1868.

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THE QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE.—It is announced that a new periodical, with the above title, will be issued on the 1st of July, in the City of New York. It is to be edited by WILLIAM A. HAMMOND, M.D.

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OBITUARY.—The daily papers have just announced the death of GEO. K. AMERMAN, M.D., of this city. He died at Marcellus, New York, whither he had gone on account of failing health. Dr. AMERMAN was well known in this city as an active and intelligent member of the profession, and his early death will be universally regretted. He died from consumption, in the 35th year of his age.

ANNUAL ANNOUNCEMENT.—We have received the Ninth Annual Announcement of Chicago Medical College for the Lecture Term of 1867-8 As the announcement will reach our readers at the same time with this number of the EXAMINER, we need do no more than call attention to it. We hope every physician and student into whose hands it may fall will give it a careful perusal. It contains not one word of false pretension, but represents an institution which, for completeness in its system of instruction, the number of its faculty, and its clinical advantages, has no superior in this country.

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CORRESPONDENTS.—We have received, too late for insertion in the present number, the proceedings of the Morgan County Medical Society, the Adams County Medical Society, and some other papers. They will appear in our next issue.

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DR. BAKER BROWN OF LONDON.—The celebrated Dr. BAKER BROWN has recently been expelled from the Obstetrical Society of London, for unprofessional conduct, in connection with his operations of clitoridectomy for the cure of epilepsy.

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WANTED.—Three copies of the *Transactions of the Illinois State Medical Society* for the years 1853 and 1855. These copies are wanted to complete the files kept for the use of the Society. Hence, any reader who may have one or both of the above numbers on hand, and does not wish to keep a full record, will confer a great favor by sending the same to the undersigned, Permanent Secretary of the Society.

N. S. DAVIS,

166 State St., Chicago.



MONEY RECEIPTS FROM MAY 27TH TO JUNE 26TH.—Drs. B. Wilson, Chambersburg, \$3; V. L. Hurlbut, Chicago, Ill., 3; F. S. Macdonald, Chicago, Ill., 3; J. T. Frazer, Howard's Point, Ill., 3; D. O. Crist, Bloomington, Ill., 3; C. R. Parke, Bloomington, Ill., 3; T. Nicols, Peshtigo, Ill., 3; H. L. Smith, Orland, Ind., 3; W. E. Peters, Nine Eagles, Iowa, 1 50.

### MORTALITY REPORT FOR THE MONTH OF MAY:—

#### CAUSES OF DEATH.

Abscess, -----	1	Epilepsy, -----	1
Accidents, -----	11	Erysipelas, -----	1
Apoplexy, -----	2	Fever, Typhoid, -----	5
Croup, -----	3	Fever, Lungs, -----	6
Cancer, -----	3	Fever, Scarlet, -----	5
Consumption, -----	32	Fever, Ship, -----	1
Cholera Morbus, -----	1	Fever, Typhus, -----	2
Convulsions, -----	39	Fever, Gall, -----	1
Canker Sore Mouth, -----	1	Fever, Nervous, -----	1
Congestive Chills, -----	2	Fever, Puerperal, -----	1
Congestion of Brain, -----	2	Fever, Congestive, -----	1
Congestion of Bowels, -----	2	Inflammation of Lungs, -----	10
Congestion of Lungs, -----	2	Inflammation of Brain, -----	1
Congestion, -----	1	Inflammation of Heart, -----	1
Childbirth, -----	1	Measles, -----	3
Colic, -----	1	Nephritis, -----	1
Diphtheria, -----	7	Old Age, -----	5
Drowned, -----	6	Phthisis, -----	2
Disease of Heart, -----	5	Poisoning, -----	1
Disease of Lungs, -----	3	Pneumonia, -----	1
Disease of Brain, -----	1	Small-Pox, -----	3
Disease of Liver, -----	1	Stillborn, -----	5
Debility, -----	3	Spasms, -----	2
Dropay, -----	7	Suicide, -----	1
Diabetes, -----	2	Teething, -----	5
Dysentery, -----	2	Whooping-Cough, -----	11
Decline, -----	1	Unknown, -----	21
Delirium Tremens, -----	1		
Total, -----			241
Total number last year for the month of May, -----			275
Total number during the month of April, -----			278
Total number during the month of May, -----			241

Decrease, ----- 37

#### DIVISIONS OF THE CITY.

North, ..... 56 | South, ..... 83 | West, ..... 111 | Total, ..... 240  
Unknown, ----- 1

AGES OF THE DECEASED. — Under 5 years, 108; over 5 and under 10 years, 9; over 10 and under 20, 9; over 20 and under 28, 35; over 30 and under 40, 30; over 40 and under 50, 17; over 50 and under 60, 13; over 60 and under 70, 12; over 70 and under 80, 5; over 80 and under 90, 3; over 90 and under 100, 1; unknown, 6. Total, 241.

Chicago, -----	105	France, -----	1	Sweden, -----	6
Austria, -----	1	Germany, -----	25	Scotland, -----	2
United States, -----	40	Ireland, -----	40	Unknown, -----	2
Canada, -----	4	Ile of Man, -----	1		
England, -----	7	Norway, -----	4	Total, -----	241

# BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

## SESSIONS OF 1867-1868.

**T**HE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1867-68, will commence on Wednesday, September 18, 1867, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students desirous to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required.

THE REGULAR SESSION will commence on Wednesday, October 16, and end about the 1st of March 1868.

THE SUMMER SESSION for 1868 will commence on the second Wednesday in March, and continue twelve weeks. This term will embrace courses of didactic lectures by the members of the Faculty of the Summer Session, together with clinical lectures at Bellevue Hospital, and the Charity Hospital, Blackwell's Island, and the daily recitations. Lectures will also be given by members of the College Faculty.

### FACULTY OF THE COLLEGE.

JAMES S. WOOD, M. D. Professor of Operative Surgery and Surgical Pathology.  
ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children, President.  
FRANK H. HAMILTON, M.D., Prof. of Military Surgery, Fractures and Dislocations, and the Principles of Surgery.  
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery.  
ALEXANDER B. MOTT, M.D., Professor of Surgical Anatomy.  
W. H. VAN BUREN, M.D., Professor of Diseases of the Genito-Urinary System.  
GEORGE T. ELLIOT, M.D., } Prof. of Obstetrics and the Diseases of Women and Children.  
FORDYCE BARKER, M.D., }  
BENJAMIN W. MCCREADY, M.D., Professor of Materia Medica and Therapeutics.  
STEPHEN SMITH, M.D., Professor of Descriptive and Comparative Anatomy.  
AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine.  
R. OGDEN DOREMUS, M.D. Professor of Chemistry and Toxicology.  
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopy.  
WILLIAM A. HAMMOND, M. D. Professor of Diseases of the Mind and Nervous System.  
N. R. MOSLEY, M.D., Demonstrator of Anatomy.  
J. W. SOUTHRACK, Jr., M.D., Assistant Demonstrator of Anatomy.

### FACULTY OF THE SUMMER SESSION.

HENRY D. NOYES, M.D., Prof., of Ophthalmology, and Dean of the Summer Faculty.  
J. LOUIS SMITH, M.D., Professor of Morbid Anatomy.  
FOSTER SWIFT, M.D., Professor of Diseases of the Skin.  
PROF. WM. H. VAN BUREN, M.D., Lecturer on Diseases of the Genito-Urinary System.  
PROF. R. OGDEN DOREMUS, M.D., Lecturer on Animal Chemistry.  
PROF. AUSTIN FLINT, Jr., M.D., Lecturer on Microscopical Anatomy.  
PROF. GEORGE T. ELLIOT, M.D., Lecturer on the Diseases of Children.  
PROF. WILLIAM A. HAMMOND, M.D., Lecturer on Diseases of the Nervous System.

A distinctive feature of the method of instruction in this College, is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons in the great Charity Hospital on Blackwell's Island.

### FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term including clinical lectures.....	\$140 00
Tickets for any of the several departments may be taken out separately.	
Matriculation fee.....	5 00
Demonstrator's ticket (including material for dissection).....	10 00
Graduation fee.....	30 00

Students who have attended two full courses in other accredited schools receive all the tickets for \$70, exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College having previously at-